

Project Performance Monitoring Unit

First Benchmarking Meeting

Deliverable No. 17

March 31, 2004

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Table of Contents

Background	1
Participants	1
Highlights of the Meeting	2
Annexes	

First Benchmarking/PAG Meeting

Background

The quarterly performance review/benchmarking meeting is held to evaluate the status of project implementation and to seek comments and recommendations from the members of the PAG and TAG on relevant project matters. The PAG is composed of senior representatives from the Leagues of Cities and Municipalities, the Department of Health, PhilHealth, POPCOM, USAID, private sector providers, and the academe. The PAG provides advice and guidance on project strategies and approaches, and helps assess implementation progress periodically. The TAG, on the other hand, consists of program managers from the DOH and PhilHealth, who serve as LEAD's main technical counterparts in implementing the project. The members of these two groups are the main audience of the quarterly performance review.

The First Benchmarking meeting was held last February 10, 2004 at the main conference room of the Local Enhancement and Development (LEAD) for Health Project. It was organized to (1) introduce the LEAD Project to the PAG and TAG members, (2) present the project's first year work plan, (3) update the participants on the achievements of the project for the first quarter, and (4) present the performance benchmarks for the quarter January-March 2004.

Participants

The meeting was attended by the following:

1. Ms. Li-Ann De Leon, League of Municipalities of the Philippines
2. Mr. Rhais Gamboa, United Laboratories
3. Mr. Tomas Osias, Commission on Population
4. Dr. Lampa Pandi, Department of Health - ARMM
5. Ms. Marichi de Sagun, USAID
6. Ms. Mercedes Concepcion, Center for Asian Research and Development
7. Dr. Juanito Taleon, DOH-BLHD
8. Ms. Remedios Paulino, DOH-NCDPC
9. Ms. Catherine Cruz, BFAD
10. Ms. Veronica Hitois, League of Cities of the Philippines
11. Dr. Wesley Dulawan, USAID
12. Ms. Carole Bandehala, DOH-NCDPC
13. Dr. Lilibeth David, DOH-HPDPB
14. Ms. Pura Carino, PhilHealth
15. Ms. Mary Jean Lim, PhilHealth

Selected technical and administrative staff from the LEAD Project and some consultants from MSH-Boston also attended the meeting.

Highlights of the Meeting

An organizational meeting of the PAG preceded the Benchmarking Meeting. The meeting was held primarily to formalize the creation of the PAG and to clarify the roles and functions of the group.

The organizational meeting was presided by the LEAD Chief of Party, Mr. William Goldman while Dean Maricon Alfiler facilitated the discussions on roles and functions. Undersecretary Milagros Fernandez is the designated chairperson of the PAG.

The most substantial agreement made during this meeting was the need for the LEAD project to work with the regional offices of the DOH, Philhealth, and POPCOM to ensure that they are aware of the work that LEAD will be doing at the LGU and at the national levels

The Benchmarking Meeting followed immediately after the PAG Meeting. The first part of the meeting was devoted to an orientation of the group on the LEAD Project - the current situation in the Philippines and the role of the project, the challenges facing the project, and what the project would like to achieve within its 3-year project life (Annex A). A presentation on the project's first year work plan was also given (Annex B). Below is a summary of the major points raised with regard to these presentations:

Comments/Questions/Issues and Concerns	Response
➤ What are the first 20 LGUs? How were these selected?	<ul style="list-style-type: none">○ Mindanao, Tawi-Tawi, Davao del Norte, Capiz, Iloilo and some of the ASEP sites in Visayas and Mindanao and ARMM.○ The first 20 LGUs include those who first signified interest to participate in the project.
➤ Will the project consider the Inter-Local Health Zone (ILHZ) or clustering approach in the selection of the target LGUs?	<ul style="list-style-type: none">○ The project will consider this, whenever feasible.
<ul style="list-style-type: none">➤ It would be better if the project can focus on the poor sector and the less educated as they have higher unmet needs for family planning. We have to be consistent with government in giving priority to poor areas.➤ CSR is a very good strategy but there may be a need to emphasize, as part of the challenges in family planning, the need to explore other options to improve the sustainability of the family planning	

Comments/Questions/Issues and Concerns	Response
<p>program in addition to the very good strategies that the project has developed for CSR.</p>	
<p>➤ As MCH is a broad program, it would be better if the project adopts a holistic approach covering both mother and child, instead of just focusing on Vitamin A supplementation. For instance, the project can look at how it can integrate an adult functional literacy component for the women with efforts to promote a child-friendly environment at the barangay level. This would enable the project to have a real impact on the lives of our children and women in these areas.</p>	<ul style="list-style-type: none"> ○ Both strategies are so diverse but, somehow, those strategies will find their way into the activities. ○ The project is finding ways of doing things, and these are the things that it should put on the table and consider when it implements its activities at the LGU level. ○ The project is planning to write an MCH strategy along with an FP strategy, HIV/AIDS and the TB strategy.
<p>➤ It is understood that the project will be contributing to the national level indicators and it is expected that all these indicators will improve in the target LGUs. More superior performance should be expected in the project sites relative to other sites. In this regard, there should be some measure of the extent to which they have improved.</p>	<ul style="list-style-type: none"> ○ The project is statistically positioned to influence also non-project areas, meaning thru the leagues of municipalities and cities. The project has also involved the Regional Health Offices so that they can expand to other non-project areas. ○ The project is taking seriously the issue of measurement. There will be very close monitoring of measurement indicators that are useful in project management.
<p>➤ If the project were running a company and its objective is to sell these services nationwide within three years, it has to cover so many number of places at some point in time. In this regard, these are some of the more important considerations:</p> <ul style="list-style-type: none"> - How do you define your approach? - Who is your target market? - What are we focusing on? - How do I communicate, so that I generate interest? - Where do they access these services? - Will this be available at the RHU level? <p>➤ The operational dimension of the strategy is not evident and given the short time frame of three years, it is quite a challenge to really get something off the ground unless the operational dimension of the entire thing is spelled out.</p> <p>➤ A major challenge is the supply chain issue. If the project is able to achieve 99% availability of contraceptives, this in itself is a major</p>	<ul style="list-style-type: none"> ○ The work plan identifies an assessment process where the project will look at both the demand and the supply side. Through this process, the project will determine who are the clients, i.e., who need the services, and try to match this in terms of getting the supply side ready to provide those services in response to the needs. ○ The project will also be working with local partners and those local partners will mobilize local resources from the RHO, PHO and from the LGUs themselves. They will also be tapped to provide the necessary technical support in responding to those identified needs at the LGU level. The project will try to articulate these concerns more explicitly in its future presentations.

Comments/Questions/Issues and Concerns	Response
<p>success because this implies the development of a forecasting model together with a logistics program to support the forecasting system. It would help if the strategies that have been spelled out are complemented by specific operational strategies just to make sure that the end-goals or objectives are fulfilled.</p>	
<ul style="list-style-type: none"> ➤ Though this is a project for the LGUs and the national government is the one that ensures that the LGUs will continue to do their work, there is nothing in the work plan that will strengthen national government supervision and national government information gathering with regard to what the LGUs have to do. ➤ How does the project view the LGUs with regard to PhilHealth? Will they just be the ones to enroll the indigents or will they act as health care providers who will get as much benefits from PhilHealth? 	<ul style="list-style-type: none"> ○ The project would work mainly with the Department of Health in providing technical assistance to LGUs. Its strategy is to use the LGUs as its main focus in getting the DOH involved. ○ Having the Technical Advisory Group and a Technical Working Group within the DOH will be a starting point. These groups could discuss many of these issues. ○ The project would work with the LGUs as health care providers and not just the ones who will enroll the indigents in PhilHealth. At the same time, the project will assist them to be accredited as service providers for TB-DOTS and the safe motherhood package and outpatient package so that they can also get some kind of return on investment and also have their clients benefiting from PhilHealth services.
<ul style="list-style-type: none"> ➤ The LMP and LCP will help MSH in the monitoring and implementation of the project. Up to what extent will the LMP/LCP be involved in the advocacy of the project and does the project have an advocacy plan for this purpose? 	<ul style="list-style-type: none"> ○ The project is still working on the details of its advocacy plan.

The discussion on the first-year work plan was followed by a series of presentations by the Unit Directors on the accomplishments of their respective units during the first five months of the project (Annex C).

Due to time constraints, it was decided that the meeting proceed with the presentation of the performance benchmarks for the second quarter. Listed below are the second quarter performance benchmarks as presented to the group:

Family Planning and Health Systems Unit:

1. Assessment tools, instruments and guides developed for LGU engagement
2. Specifications, guidelines and alternative models of LGU level health information systems development initiated

3. Initial review of training modules on NSV, mini-lap, IUD insertion, itinerant NSV services conducted
4. Guide on setting up IUD services developed
5. Training modules on FP group counseling techniques drafted
6. LGU procurement models and FP supplies management guidelines reviewed/improved

LGU Unit:

1. 20 LGUs with signified intent to participate in the program
2. Completed self-assessment forms from 20 LGUs reviewed and evaluated
3. 1 participatory workshop conducted to assess LGU needs, capacities and priorities

Policy Unit:

1. Inventory, review and analysis of and recommendations on existing policies, laws, and regulatory constraints affecting the provision of family planning services, TB-DOTS, HIV-AIDS - initiated
2. Workable systems/mechanisms for defining and identifying market segments developed
3. Operations research (OR) Plan / TA plan for Pangasinan developed

Project Performance Monitoring Unit:

1. Project's First Year Work Plan (Oct. 2003 - Dec. 2004) submitted to and approved by USAID
2. Performance Monitoring and Evaluation Plan (PMEP) developed and submitted to USAID
3. Functional Indicator Monitoring System established
4. 1st Quarter (Oct. -Dec. 2003) Performance Report submitted to USAID
5. First Benchmarking and TAG Meeting held
6. Draft Communication Plan Framework developed

Performance-Based LGU Grants and TA Contracting Unit:

1. Manual on the guidelines and procedures for contracting SIOs drafted
2. Manual on the guidelines and procedures for performance-based grants to LGUs drafted
3. Potential SIO Bidders identified/ RFP for SIO engagement (for the first 20 LGUs) issued
4. Contracting process for the engagement of 9 NGOs (that provide technical assistance support to HIV-AIDS high-risk groups in 8 sites) initiated

Administrative and Finance Unit:

1. All technical and administrative staff for central and field offices officially hired
2. Permanent and functional project offices (central & field) established
3. All needed financial and administrative systems, policies and procedures established
4. First quarter financial status report submitted as part of the first quarter performance report
5. Employee handbook drafted
6. All needed office equipment/vehicles procured

In closing, Mr. Goldman thanked the group for the inputs they gave and he informed the members of the PAG and TAG that those inputs would be duly noted and meetings among the units will be convened to address the issues raised during the meeting.

ANNEX A

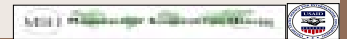
LOCAL ENHANCEMENT AND DEVELOPMENT FOR HEALTH (LEAD for HEALTH) Project

William R. Goldman
Chief of Party



Where are we now?

- Total population, 84 million
- Population growth rate, 2.4%
- 50% of population under 20 years of age
- By 2030, population could be 160 million
- Infant mortality rate, 35 infant deaths per 1,000 live births



Where do we want to go?

- Reduce Total Fertility Rate (from 3.7 to 2.7)
- Increase Contraceptive Prevalence Rate (modern methods: from current 35% to 40%)
- Achieve a TB Treatment Success Rate of at least 70%
- Vitamin A Supplementation Coverage of 85% annually (for under 5's)
- Maintain HIV Seroprevalence Rate among registered female sex workers at <3% annually



LEAD - designed to support IR-1 and IR-4
of USAID's SO3 (*Desired family size and improved health sustainably achieved*):

- ✓ **IR1** – LGU provision and management of FP/MCH/TB/HIV-AIDS services strengthened
- ✓ **IR4** – Policy environment and financing of services improved



The challenges we have to face:

A. On Family Planning

- Low rate of increase in CPR
- High unmet needs for FP
- 70% of services provided by government

B. On Tuberculosis

- Philippines: one of 22 high burden countries
- Case detection and supply of drugs remain a problem
- Philippines ranks 7th worst in incidence

The challenges we have to face:

C. On HIV/AIDS

- Possible epidemic if high-risk behaviors not drastically reduced
- Prevalence in high risk population <3%
- Prevalence in adult population < 1%

D. On Maternal and Child Health/ Vitamin A

- Vitamin-A deficiency: a widespread child nutrition problem
- Lack of alternative means of financing, distributing & administering capsules



When & where will LEAD be implemented

Project Duration:

Three years, beginning October 1, 2003

Project Coverage:

530 municipalities and cities (LGUs) over the first three years (covering 40% of total population)

- Year 1 = 110; Year 2 = 375; Year 3 = 45
- 80% coverage of LGU barangays
- Special emphasis on Mindanao (up to 50 % of resources)

How are we going to do it?

COMPONENT 1: Strengthen local level support for, management and provision of FP, TB and other selected health services

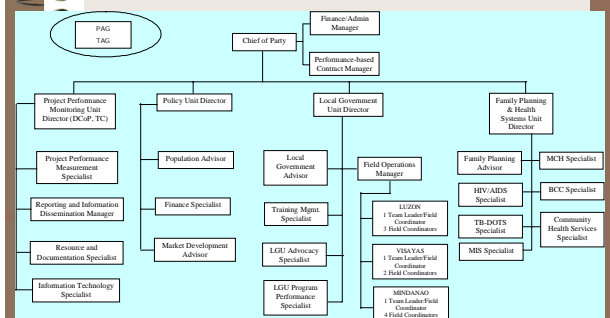
- Increase local level support for FP & other health services
- Improve Management and Information Systems for LGUs
- Increase availability of LGU financial resources for health services
- Improve the quality of FP, TB, and other health services, and performance of service providers

How are we going to do it?

COMPONENT 2: Improve national level policies to facilitate efficient delivery of quality FP/HS

- Support Contraceptive Self-Reliance (CSR)
- Develop policies for mobilizing financing resources for services
- Improve legal and regulatory policies for mobilizing financing resources for services

LEAD Project's Organizational Structure



PARTNERS

- Associates in Rural Development
- Center for Economic Policy Research
- Harvard School of Public Health
- JHPIEGO
- Manoff Group Incorporated
- SAVE the Children
- Technical Assistance, Inc

ANNEX B

LEAD for HEALTH Project

WORKPLAN for the First Year



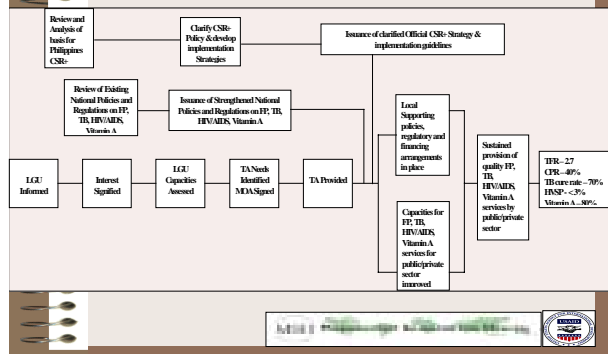
Local Enhancement And Development (LEAD) for Health

LEAD for Health Project Phasing of Project Implementation

		LGUs covered
Start-up Phase:	Oct. 2003 – Jan. 2004	
Test Phase:	Jan. – July, 2004	20
Initial Roll-out Phase:	Aug. – Dec., 2004	90
Peak Performance Phase:	Jan. – Dec., 2005	375
Assessment Phase:	Jan. – Sept., 2006	45



Project Activity Flow



CRITERIA for PROJECT SITE SELECTION

- ? Willingness/readiness of LGU to participate in the project
- ? High poverty incidence
- ? Practice of modern methods of FP not widespread
- ? Presence of strong local partners and champions
- ? Mindanao

LUZON

Region	Provinces/Cities	# of LGUs
CAR	Benguet	4
I	Pangasinan	4
III	Angeles City	1
NCR		
	Pasay	1
	Quezon City	1
	Paranaque	1
	Marikina	1
V	Sorsogon	5
	Catanduanes	5
	Albay	5
TOTAL		28

VISAYAS

VI	Negros Occidental	5
	Iloilo City (ASEP)	1
	Iloilo	5
	Capiz	5
VII	Negros Oriental	6
	Cebu	1
VIII	Leyte	4
TOTAL		27

MINDANAO

	Davao City	1
	Davao del Norte	5
	Davao del Sur	5
	Zamboanga City	1
	Zamboanga del Sur	7
	General Santos	1
	Bukidnon	5
	Lanao del Norte	5
ARMM		
	Basilan	5
	Lanao del Sur	5
	Sulu	4
	Tawi-Tawi	5
	Maguindanao	6
	TOTAL	55

GRAND TOTAL: 110 LGUs

STRATEGIES & APPROACHES

- ? Close collaboration with:
 - ? DOH (central & regional)
 - ? Leagues
 - ? Philhealth
- ? Clustering approach
- ? Use of SIOs for LGU TA provision

STRATEGIES & APPROACHES

- ? Agreements with LGUs:
 - ? TA
 - ? Possible selected direct funding
- ? Special strategies
 - ? CSR
 - ? ARMM
 - ? Sentinel sites

A.CSR Strategy

1. Clearly articulated official GRP policy for CSR
2. CSR operations research in Pangasinan to examine issues on local implementation of CSR
3. LGU-specific CSR strategy: integral part of the assistance package to be provided to target LGUs
4. CSR supported in the broader context of unmet needs

B. ARMM Strategy

- A special PHN and LEAD-specific strategy for ARMM will be developed to ensure consistency with its unique socio-cultural, political, religious, and geographic characteristics

C. Sentinel Sites

- 8 HIV/AIDS sentinel sites (Quezon, Pasay, Angeles, Iloilo, Cebu, Zamboanga, Davao, General Santos)

END GOALS for target LGUs:

A. Governance:

- Share of FP/TB/HIV-AIDS/MCH in LGU budget increased
- Ordinances supporting enacted financing for FP/ other health services
- Local CSR+ plan formulated and adopted
- Enrolment of indigents under NHIP increased
- LGU plan for strengthening services & improving quality FPHS adopted/ implemented



END GOALS for target LGUs:

B. Family Planning and Health Systems:

- Improved treatment and diagnosis of TB
- Health volunteer network expanded
- Collaboration with private sector increased
- RHU – Sentrong Sigla –certified and PHI-accredited
- RHU providing routine Vitamin-A supplementation



END GOALS for target LGUs:

B. Family Planning and Health Systems:

- Health information system functional
- Access to quality modern contraceptive supplies and services increased
- Missed opportunities reduced
- Rate of drop-outs among pill & DMPA users reduced
- All HIV-AIDS sites implementing interventions and improved surveillance activities



End of Presentation Thank You

Accomplishments
October 2003 – January 2004



LEAD for Health Project Phasing of Project Implementation

		LGUs covered
Start-up Phase:	Oct. 2003 – Jan. 2004	
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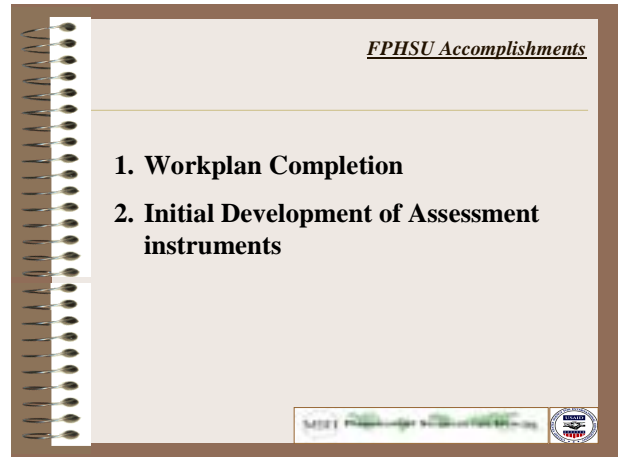
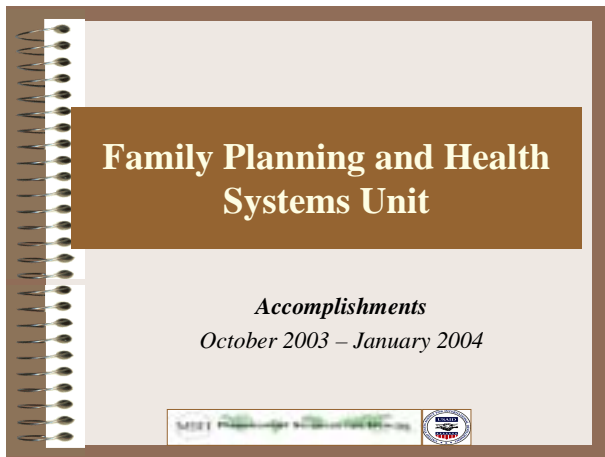
LEAD for Health Project Start-up Phase Performance Objectives

- Partners Mobilization
- Project Mobilization
- Preparation of First Year Work Plan
- Selection of Target LGUs
- Initiate Implementation of Technical Work

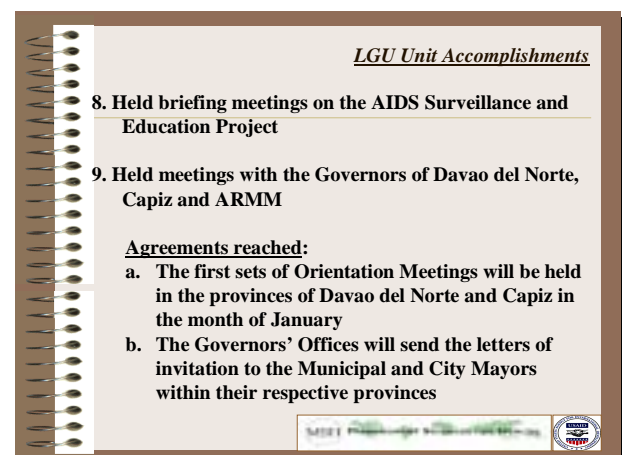
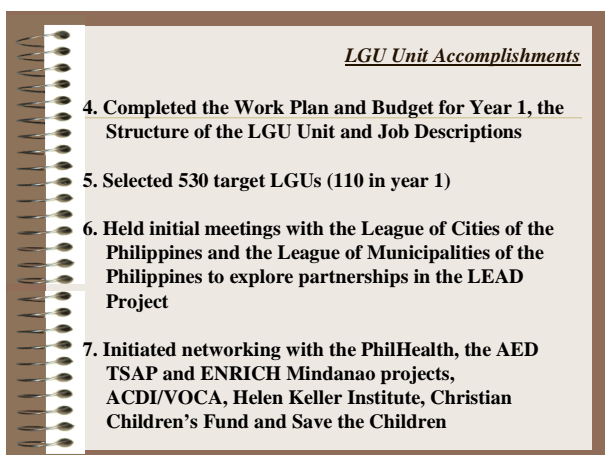
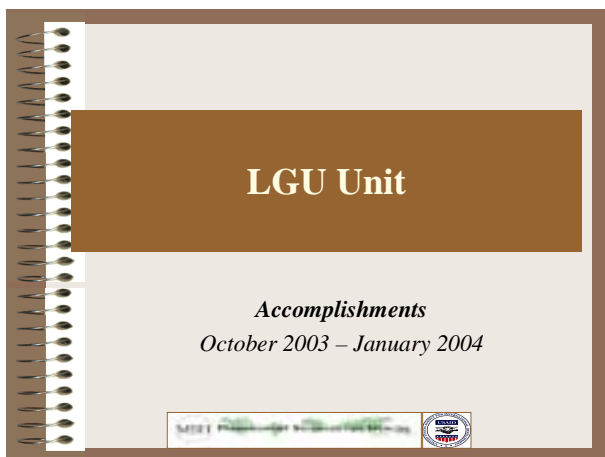


ANNEX C

FAMILY PLANNING AND HEALTH SYSTEMS UNIT

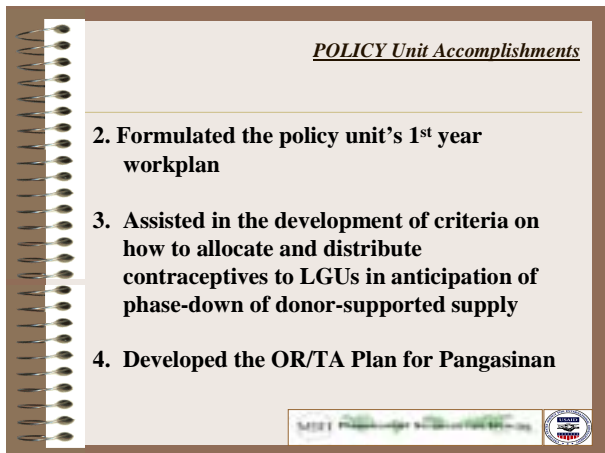


LOCAL GOVERNMENT UNIT

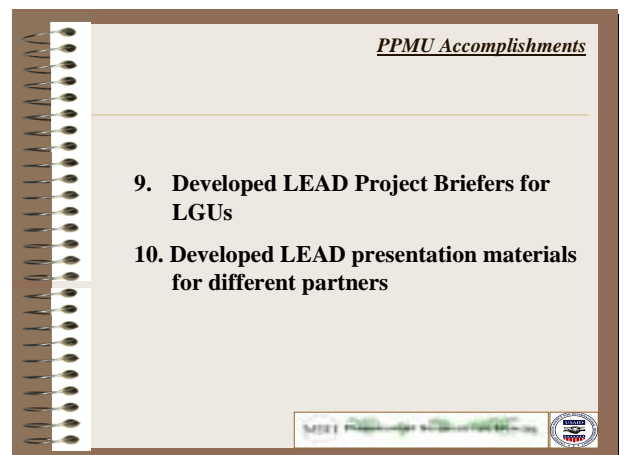
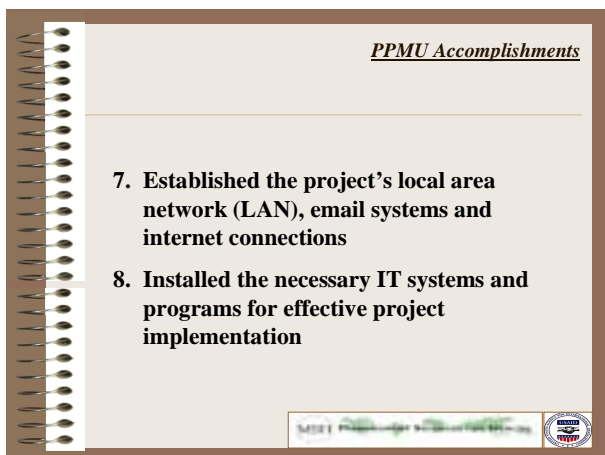
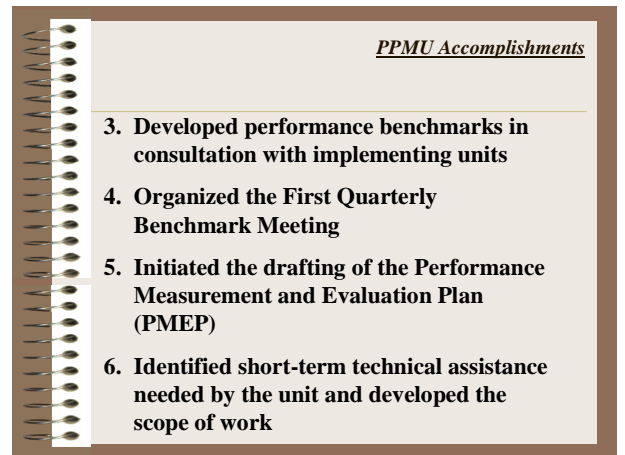
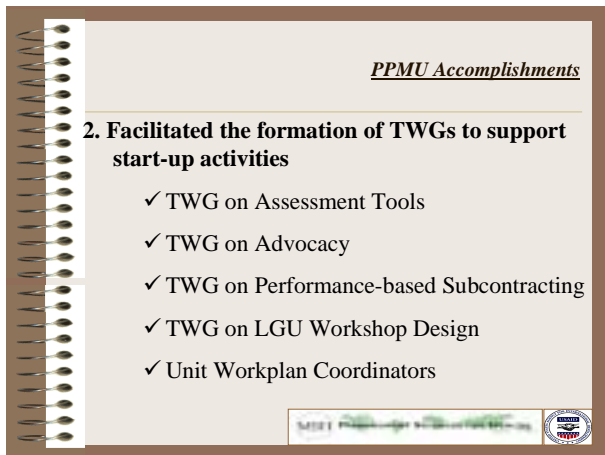
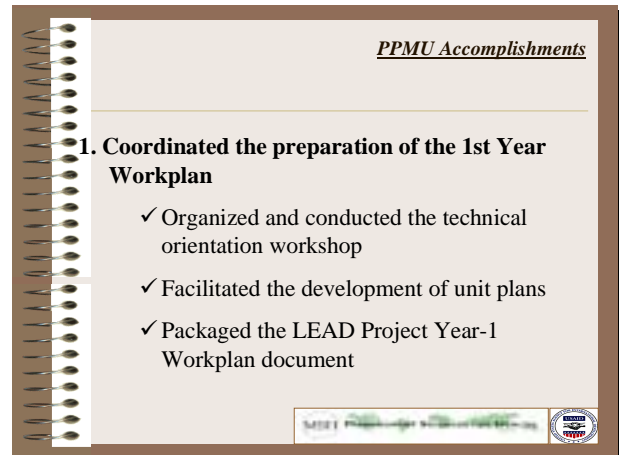
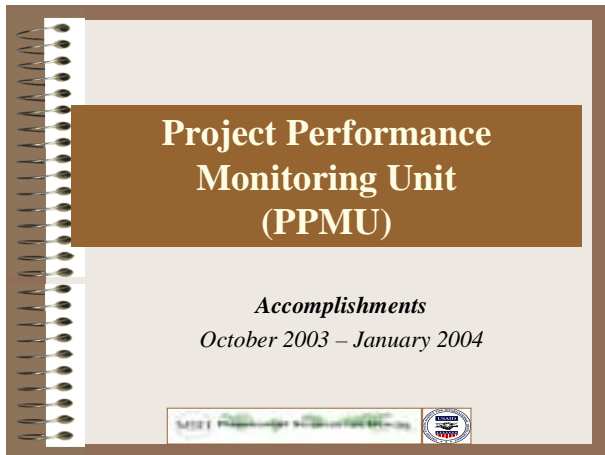




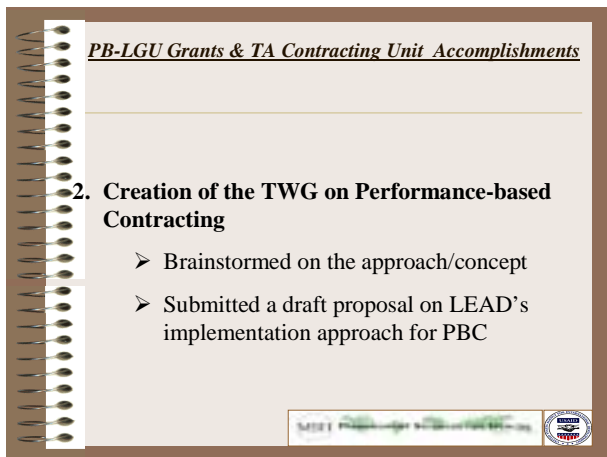
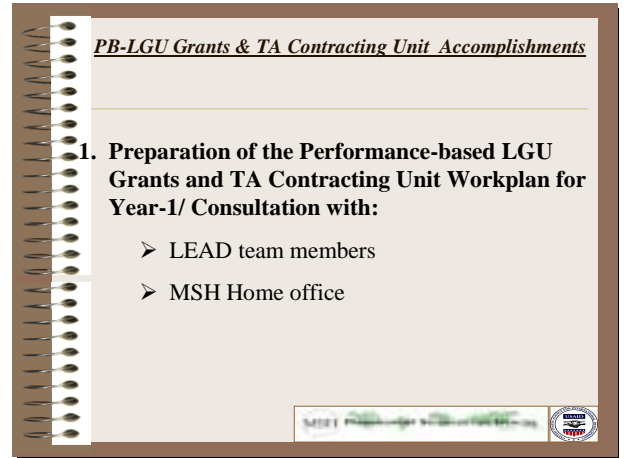
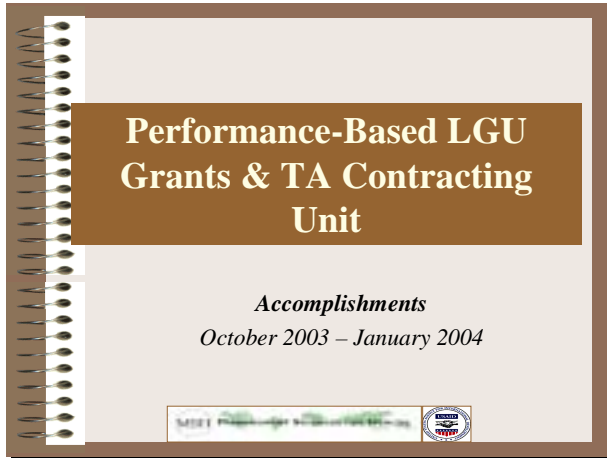
POLICY UNIT



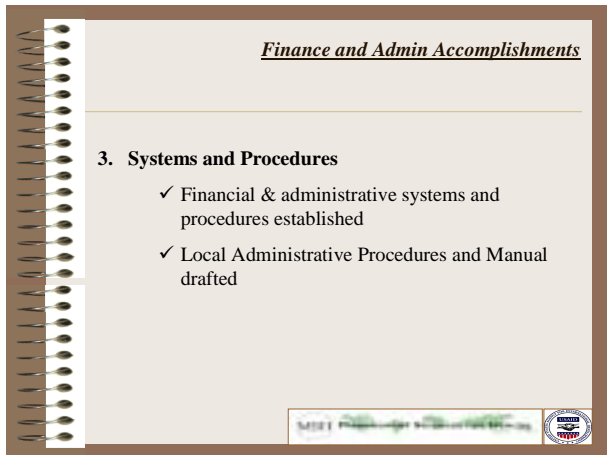
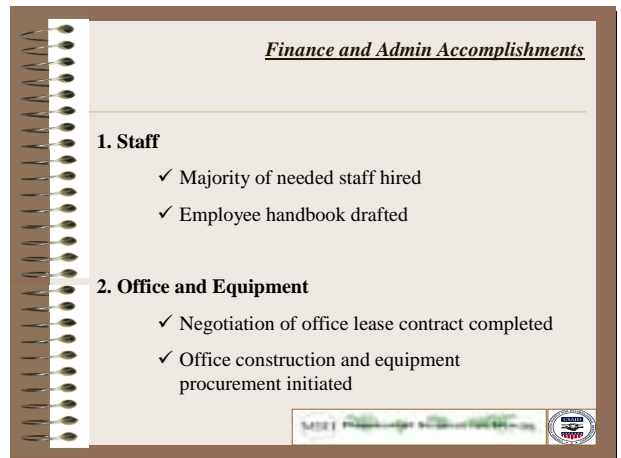
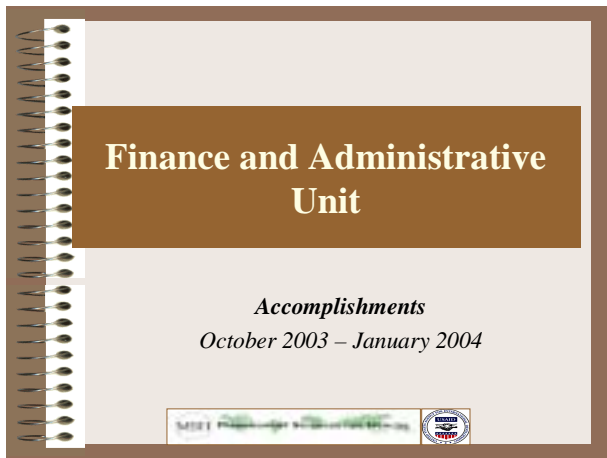
PROJECT PERFORMANCE MONITORING UNIT



PERFORMANCE-BASED LGU GRANTS & TA CONTRACTING UNIT



ADMINISTRATIVE AND FINANCE UNIT



ANNEX D

PROGRAM

1st LEAD for Health Benchmarking and Project Advisory Group (PAG) and Technical Advisory Group (TAG) Meeting
10 February, 2004, 12NN
LEAD for Health Main Conference Rm.

12-130pm: Lunch/Project Advisory Group Organizational Meeting

130-145: I. Welcome

II. Introduction of Participants

145-225: III. The LEAD for Health Project: Rationale, Goals, Scope, Components, Organizational Structure, Strategies

IV. The LEAD for Health First Year Work plan

225-350: V. The LEAD for Health First Quarter Performance Objectives

VI. Presentation of First Quarter Accomplishments

- Family Planning and Health Systems Unit
- Local Government Unit
- Policy Unit
- Project Performance Monitoring Unit
- Performance-based LGU Grants and TA Contracting Unit
- Admin/Finance

VII. The LEAD for Health Performance Benchmarks for 2004

350-4: VIII. Recap of issues and concerns raised/agreements made

IX. Discussion of Next steps (schedule/agenda for the next TAG meeting, others)

4pm: Office Inauguration